

# HOJA DE TRÁMITE DE CASOS CAP 13

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Juan O. Calderon Litigow (787) 858-5476

Hoja de Primitiva de Casos CM 10												
	Event	Date	Time									
FECHAS DE VISTAS	341	9/16/2009	1:00	Conf	10/20/2009	8:30	341 +	10/9/2009	1:00	Conf +	10/23/2009	8:30

**Nombre** LORENZO ALBERTO ORTIZ SANTOS  
**Nombre** MARIA DEL CARMEN BURGOS NARVAEZ--NO RADICA  
**Dir Res.** F-12 URB BRASILIA CALLE 9, VEGA BAJA 00693  
**Dir Postal** LA MISMA DIRECCION--- Nuevo cel 669-6077  
**Tel.** 858-3570/// (ya no) 453-8002 HERMANO HECTOR: 607-9874

**Debtor I SSN** 5 8 4 - 1 8 - 4 5 7 8  
**Debtor 2 SSN** - - - - -

**Case** 09-0661 9 **SEK** **Sind** Oliveras  
**Radicado** 8/12/2009 **Abog** R. Garcia Fontán 00-30  
**Planes radicados y fechas** **Tech** Jessica Cruz-O 00-19

Talones  
Pre-Filing  
desde:

[1] 8/12/2009 [2] 10/8/2009 [3] [4] [5] [6]

February 06, 2009  
Aritmética

Most \$333.00 X 2 = \$666.00 **Carro, Descrip/acdr** NO TIENE  
Recent \$516.00 X 58 = \$29,928.00 **Extender Contrato Si** ☐ **No** ☒ -Coverage  
Plan X = **Insurance Si** ☐ **No** ☒ -Maturity  
#Months&Mnthly Pymts 60 = \$30,594.00 **Prioridad** IRS: TAX:  
Lump Sum to Add **Plan Base** \$30,594.00 **crim Liquidation Value** \$0.00

\$ pagado al síndico \$3,772.00 Cotejado en 1/19/2011 Interest? % Base sugerida \$2,721.40  
Hasta la fecha de 1/19/2011 **Debió pagar** \$8,406.00 # pagos hechos 8.00 de 17 10%Trustee \$247.40  
**OBSERVACIONES** NO HAY HIPOTECA, CASA NI CARRO- EXISTE PORCION ASEGURADA CON ACCIONES

Atrasos

**POR UN TOTAL DE \$4,052.80 EN LA COOP DE VEGA BAJA**

Claim #	Cantidad	Claim #	Cantidad	Cantidad
Atrasos hipoteca (1)		(2)		Post (3)
Atrasos Autos (1)		(2)		Petit (3)
Balance co-deudores/unsecured (1)		(U)		(2) Other Sec.

Intención

**Casa:** ☐ Pago directo ☐ Pago por plan ☒ N/A **Carro:** ☐ Pago directo ☐ Pago por plan ☒ N/A  
**Surrender collateral Si** ☒ **No** ☐ a Favor de: COOP MANATI-SE LEVANTO STAY SOBRE CO-DEUDOR  
**Asegurados conservan gravámen Si** ☒ **No** ☐ **Nota:** COOP -ASEGURADO PARCIAL POR SHARES  
**No asegurados clasificados Si** ☐ **No** ☒ **Nota:**

Prior cases

NONE

**Anotaciones antes o durante la reunión de acreedores**  
Nueva direccion: Calle Pedro Crespo A-10 Vega Baja, 00693.  
Postal: PMB 386 PO Box 7004 Vega Baja, P.R. 00694-7004  
**SINDICO ENCONTRÓ UN VALOR DE LIQUIDACIÓN DE \$0.00 REVISANDO EL CASO PARA LA**  
**POSIBILIDAD DE CAMBIARLO A 7 ENCONTRÉ QUE EL INGRESO DE SEGURO SOCIAL NO SE**  
**NOTIFICÓ EN SCHEDULE I NI EN MEANS TEST (AUNQUE AQUÍ SE NO REQUIERE).**

## Otras Notas

1st Meet Cred  
9/16/2009

Claims bar date  
U 12/15/2009

G 2/8/2010

Plan termina en  
7/17/2014

Corregir>>>

**Mgmt Course**  
**Filing Due Date**  
After 341 meeting  
Before Last Pymt  
\$1328 (g)  
6/17/2014

\$27,872.60  
**For Unsecured**  
\$57,191.59

## COSAS A CORREGIR

## FECHA DE REALIZADO/COMENTARIO

1 Plan	<input type="checkbox"/>	7 Means Test	<input type="checkbox"/>
2 Schedules	<input type="checkbox"/>	8 SOFA	<input type="checkbox"/>
3 Exemptions	<input type="checkbox"/>	9 Petición	<input type="checkbox"/>
4 Seguro Carro	<input type="checkbox"/>	10 Taxes	<input type="checkbox"/>
5 Opinión de valor	<input type="checkbox"/>	11 PayStubs	<input type="checkbox"/>
6 Intención:	<input type="checkbox"/>	12 Herencias	<input type="checkbox"/>

Up/L ☒ Income ☒ TaxPR ☐ TaxFD ☒ DSO ☐ Sente ☐ Contre ☐ Business  
**Descuento Salarial:** Si ☐ No ☐ **Outstanding Atty Fees** \$2,474.00 or 8.80%  
**e-mails secc 341** **e-mails Confirm.** **e-mails Oliveras** jcruez@ch13sju.com

**e-mails Carrion** **otros e-mails** **BK Court** **Pacer** **Last Dismissal**

**UNSECURED claim** \$52,336.59 % paid 53.26% **Case confirmed on** 10/29/2009 **Need STAY Continuation?** NO  
**Unsecured Schedule** where is my form? PC My tiny **Address** Official Full 1395 No Car Insurance issues

\$521(i)  
9/26/2009

34 OK

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE: **LORENZO ALBERTO ORTIZ SANTOS**

BK. CASE # **09-00619** **SEK**

PMB 386, PO BOX 7004 VEGA BAJA PR 00694-7004

CHAPTER 13

DEBTOR(S) SSN: XXX-XX-4578 SSN: XXX-XX-

CHAPTER 13 PAYMENT PLAN

**NOTICE:** \* The following plan contains provisions which may significantly affect your rights. You should read this document carefully and discuss it with your attorney. When confirmed, the plan will bind the debtor and each creditor to its terms. Objections must be filed in writing with the Court and served upon the debtor(s), debtors' counsel, the Trustee and any other entity designated by the Court, at the 341 meeting of creditors or not less than twenty (20) days prior to the scheduled confirmation hearing. For post confirmation Plan Modifications, objections must be filed and notified in the same manner within twenty (20) days from its notification. \* See the notice of commencement of case for 341 meeting date and claims bar date, the latter is the date by which a proof of claim must be filed in order to participate of the plan distribution.

1. The future earnings of the Debtor(s) are submitted to the supervision and control of the Trustee and the Debtor(s) shall make payments to the Trustee:  
☒ directly ☐ by payroll deductions, as hereinafter provided in the PAYMENT PLAN SCHEDULE.  
2. The Trustee shall distribute the funds so received as hereinafter provided in the DISBURSEMENT SCHEDULE.  
☒ 3. The Confirmation Order will not vest property of the Estate on Debtor(s) until the Order discharging Debtor(s) is entered.

PLAN DATED:

☒ PRE ☐ POST-CONFIRMATION

☒ AMENDED PLAN DATED: **10/8/2009**

FILED BY ☒ DEBTOR ☐ TRUSTEE ☐ UNSECURED CREDITOR

I. PAYMENT PLAN SCHEDULE

\$ 333.00 x 2 = \$ 666.00  
 \$ 516.00 x 58 = \$ 29,928.00  
 \$ x = \$  
 \$ x = \$  
 \$ x = \$  
 TOTAL = 60 \$ 30,594.00

Additional Payments:

\$ to be paid as a LUMP SUM  
 within with proceeds to come from

☐ Sale of property identified as follows:

☐ Other:

Periodic Payments to be made other than and in addition to the above.

\$ x = \$

To be made on:

PROPOSED PLAN BASE: \$ 30,594.00

II. ATTORNEY'S FEES

To be treated as a § 507 Priority, and paid before any other creditor and concurrently with the Trustee's fees, unless otherwise provided:

a. Rule 2016(b) Statement: \$ 3,000.00

b. Fees Paid (Pre-Petition): (\$ 526.00)

c. R 2016 Outstanding balance: \$ 2,474.00

d. Post Petition Additional Fees: \$

e. Total Compensation: \$ 3,000.00

Paid during months # To

Signed: /s/ **LORENZO ALBERTO ORTIZ SANTOS**  
 DEBTOR

/s/  
 JOINT DEBTOR

/s/ **JUAN O CALDERON-LITHGOW**  
 BY: ATTORNEY

II. DISBURSEMENT MADE IN THE FOLLOWING ORDER AND AFTER ADMINISTRATIVE EXPENSES

A. SECURED CLAIMS: ☒ Debtor represents that there are no secured claims.

☐ Secured creditors will retain their liens and shall be paid as follows:

1. ☐ ADEQUATE PROTECTION Payments: Cr. \$

2. ☐ Trustee will pay secured **ARREARS:** (Below, write V for vehicle, M for Mortgage, F for furniture & O for Other in box)

Cr. ☐ Cr. ☐ Cr. ☐  
 Acct. ☐ Acct. ☐ Acct. ☐  
 \$ \$ \$  
 Monthly Pymt. \$ Monthly Pymt. \$ Monthly Pymt. \$  
 Month# To Month# Month# To Month# Month# To Month#

3. ☐ Trustee will pay **REGULAR MONTHLY PAYMENTS:**

Cr. ☐ Cr. ☐ Cr. ☐  
 Acct. ☐ Acct. ☐ Acct. ☐  
 Monthly Pymt. \$ Monthly Pymt. \$ Monthly Pymt. \$

4. ☐ Trustee will pay **IN FULL** Secured Claims:

Cr. ☐ Cr. ☐ Cr. ☐  
 \$ \$ \$

5. ☐ Trustee will pay **VALUE OF COLLATERAL:**

Cr. ☐ Cr. ☐ Cr. ☐  
 \$ \$ \$

6. ☐ Secured Creditor's interest will be insured. **INSURANCE POLICY** will be paid through plan:

Cr. ☐ Ins. Co. ☐ Premium: \$  
 (Please indicate in "Other Provisions" the insurance coverage period)

7. ☒ Debtor SURRENDERS COLLATERAL TO Lien Holder: Coop A/C V.B. & Coop Manati (shares)

8. ☐ Debtor will maintain **REGULAR PAYMENTS DIRECTLY** to:

B. **PRIORITIES.** The Trustee will pay §507 priorities in accordance with the law [§1322 (a)(2)].

☐ N/A

C. **UNSECURED PREFERRED:** Plan ☒ Classifies ☐ Does not Classify Claims.

☐ Class A- ☒ Co-debtor Claims: ☒ Pay 100% / ☐ "Pay Ahead".  
☐ Class B- ☐ Other Class: ☐  
☒ Cr. COOP A/C V.B (SHARES). ☐ Cr. ☐ Cr. ☐  
 \$ 10,851.96 \$ \$

D. **GENERAL UNSECURED NOT PREFERRED:** (Case Liquidation Value = \$ 0.00)

☐ Will be paid 100% plus % Legal Interest ☐ Will be paid Pro-Rata from any remaining funds

OTHER PROVISIONS:

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE:

LORENZO ALBERTO ORTIZ SANTOS

DEBTOR(S)

CASE 09-06619-SEK

CHAPTER 13

**TRUSTEE'S REPORT ON CONFIRMATION**

1. A meeting of creditors pursuant to Section 341 was held on **September 16, 2009**. The meeting was (was not) duly attended by debtor(s) and their attorney.

2. The liquidation value of the estate has been determined to be: 0.00

3. With respect to the attached payment plan:

AMENDED PLAN DATE: October 08, 2009

PLAN BASE: \$30,594.00

TRUSTEE'S COMMENTS AND RECOMENDATIONS DATED: 10/23/2009

☒ FAVORABLE

☐ UNFAVORABLE

1. ☐ FEASIBILITY 11 USC § 1325(a)(6):

2. ☐ INSUFFICIENTLY FUNDED § 1325(b) :

3. ☐ UNFAIR DISCRIMINATION § 1322(b):

4. ☐ FAILS LIQUIDATION VALUE TEST § 1325(a)(4):

5. ☐ FAILS DISPOSABLE INCOME TEST § 1325(b)(1)(B):

6. ☐ DOES NOT PROVIDE FOR SECURED CREDITOR § 1325(a)(5):

7. ☒ OTHER:

AS TO SCMI LINE 24B SHOULD REFLECT \$120 DEDUCTION, INSTEAD OF \$288 AND LINE 50 SHOULD INCLUDE TRUSTEE EXPENSE OF \$49.02, AND LINE 59 SHOULD BE \$363.98. SINCE PLAN COMPLIES WITH SCMI'S UNSECURED POOL ASSESSED BY TRUSTEE, FAV. REPORT IS BEING ISSUED.

NOTICE: This report anticipates Trustee's position as per 11 USC § 1302(b)(2) a copy of which has been served upon counsel for debtor(s). Copies are available to parties in interest at the Trustee's Office.

Atty Fee:\$3,000.00 /\$526.00/\$2,474.00

Atty: JUAN O CALDERON

/s/ Miriam Salwen Acosta

Miriam Salwen Acosta

USDC # 208910

For:

**ALEJANDRO OLIVERAS RIVERA**

Chapter 13 Trustee

PO Box 9024062, Old San Juan Station  
San Juan PR 00902-4062

In re **LORENZO ALBERTO ORTIZ SANTOS**Case No. **09-06619**

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Married</b>	RELATIONSHIP(S): <b>None.</b>	AGE(S):
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation		
Name of Employer	<b>RETIRED (VETERAN)</b>	<b>RETIRED (DISABLED)</b>
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

3. SUBTOTAL

\$ <u>0.00</u>	\$ <u>0.00</u>
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4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify):

\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <u>0.00</u>	\$ <u>0.00</u>
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6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <u>0.00</u>	\$ <u>0.00</u>
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7. Regular income from operation of business or profession or farm (Attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social security or government assistance

(Specify): **SEGURO SOCIAL**

\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

12. Pension or retirement income

13. Other monthly income

(Specify): **See Detailed Income Attachment**

\$ <u>864.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>3,055.00</u>	\$ <u>0.00</u>
\$ <u>636.00</u>	\$ <u>227.00</u>

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <u>4,555.00</u>	\$ <u>227.00</u>
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <u>4,555.00</u>	\$ <u>227.00</u>
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <u>4,782.00</u>	
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(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**NONE**

In re LORENZO ALBERTO ORTIZ SANTOS

Debtor(s)

Case No. 09-06619

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**  
**Detailed Income Attachment**

**Other Monthly Income:**

<u>E.L.A. RETIREMENT PENSION FOR WIFE</u>	\$ <u>0.00</u>	\$ <u>227.00</u>
<u>E.L.A. PENSION FOR MR ORTIZ AFTER \$216.00 DEDUCTION</u>	\$ <u>240.00</u>	\$ <u>0.00</u>
<u>NATIONAL GUARD RETIREMENT FOR MR ORTIZ</u>	\$ <u>396.00</u>	\$ <u>0.00</u>
<u>Total Other Monthly Income</u>	\$ <u>636.00</u>	\$ <u>227.00</u>

In re LORENZO ALBERTO ORTIZ SANTOS

Debtor(s)

Case No. 09-06619**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>450.00</u>
a. Are real estate taxes included? Yes <u>    </u> No <u>X</u>		
b. Is property insurance included? Yes <u>    </u> No <u>X</u>		
2. Utilities: a. Electricity and heating fuel	\$	<u>150.00</u>
b. Water and sewer	\$	<u>20.00</u>
c. Telephone	\$	<u>50.00</u>
d. Other <u>See Detailed Expense Attachment</u>	\$	<u>144.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>30.00</u>
4. Food	\$	<u>600.00</u>
5. Clothing	\$	<u>173.00</u>
6. Laundry and dry cleaning	\$	<u>151.00</u>
7. Medical and dental expenses	\$	<u>200.00</u>
8. Transportation (not including car payments)	\$	<u>50.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>75.00</u>
10. Charitable contributions	\$	<u>40.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>0.00</u>
b. Life	\$	<u>0.00</u>
c. Health	\$	<u>0.00</u>
d. Auto	\$	<u>0.00</u>
e. Other <u>    </u>	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u>MONEY ALLOCATED FOR TAXES</u>	\$	<u>10.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>0.00</u>
b. Other <u>    </u>	\$	<u>0.00</u>
c. Other <u>    </u>	\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other <u>See Detailed Expense Attachment</u>	\$	<u>1,137.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<u>3,280.00</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
<u>NONE</u>		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	<u>4,782.00</u>
b. Average monthly expenses from Line 18 above	\$	<u>3,280.00</u>
c. Monthly net income (a. minus b.)	\$	<u>1,502.00</u>

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Detailed Expense Attachment**

**Other Utility Expenditures:**

CEL PHONE	\$	62.00
CABLE	\$	82.00
<b>Total Other Utility Expenditures</b>	<b>\$</b>	<b>144.00</b>

**Other Expenditures:**

NIGHT NURSING ASSISTANCE FOR WIFE	\$	600.00
LAWN MOWERING	\$	30.00
TAXI TO TRANSPORT DEBTOR TO V.A. HOSPITAL	\$	300.00
ADDITIONAL MADICARE PLAN FOR WIFE	\$	132.00
HOUSE CLEANING	\$	75.00
<b>Total Other Expenditures</b>	<b>\$</b>	<b>1,137.00</b>



In re LORENZO ALBERTO ORTIZ SANTOS

Debtor(s)

Case Number: 09-06619

(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

☐ The presumption arises.☒ The presumption does not arise.☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

### Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. <b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I remain on active duty /or/           <input type="checkbox"/> I was released from active duty on ____, which is less than 540 days before this bankruptcy case was filed;         </div> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on ____, which is less than 540 days before this bankruptcy case was filed.         </div> </div>



**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2	<b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b> b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only column A ("Debtor's Income") for Lines 3-11.</b> c. <input checked="" type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b> d. <input type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b>																			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		<b>Column A Debtor's Income</b>	<b>Column B Spouse's Income</b>																
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>		\$ 0.00	\$ 0.00																
4	<b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2" style="text-align: right;">Subtract Line b from Line a</td> </tr> </tbody> </table>				Debtor	Spouse	a.	Gross receipts	\$ 0.00	\$ 0.00	b.	Ordinary and necessary business expenses	\$ 0.00	\$ 0.00	c.	Business income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
		Debtor	Spouse																	
a.	Gross receipts	\$ 0.00	\$ 0.00																	
b.	Ordinary and necessary business expenses	\$ 0.00	\$ 0.00																	
c.	Business income	Subtract Line b from Line a																		
5	<b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="2" style="text-align: right;">Subtract Line b from Line a</td> </tr> </tbody> </table>				Debtor	Spouse	a.	Gross receipts	\$ 0.00	\$ 0.00	b.	Ordinary and necessary operating expenses	\$ 0.00	\$ 0.00	c.	Rent and other real property income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
		Debtor	Spouse																	
a.	Gross receipts	\$ 0.00	\$ 0.00																	
b.	Ordinary and necessary operating expenses	\$ 0.00	\$ 0.00																	
c.	Rent and other real property income	Subtract Line b from Line a																		
6	<b>Interest, dividends, and royalties.</b>		\$ 0.00	\$ 0.00																
7	<b>Pension and retirement income.</b>		\$ 3,055.00	\$ 227.00																
8	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.		\$ 0.00	\$ 0.00																
9	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 35%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%; text-align: right;">Debtor \$ 0.00</td> <td style="width: 35%; text-align: right;">Spouse \$ 0.00</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00	\$ 0.00	\$ 0.00													
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00																		
10	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>NATIONAL GUARD PENSION</td> <td style="text-align: right;">\$ 396.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>E.L.A. PENSION</td> <td style="text-align: right;">\$ 400.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table> Total and enter on Line 10				Debtor	Spouse	a.	NATIONAL GUARD PENSION	\$ 396.00	\$ 0.00	b.	E.L.A. PENSION	\$ 400.00	\$ 0.00	\$ 796.00	\$ 0.00				
		Debtor	Spouse																	
a.	NATIONAL GUARD PENSION	\$ 396.00	\$ 0.00																	
b.	E.L.A. PENSION	\$ 400.00	\$ 0.00																	
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$ 3,851.00	\$ 227.00																

12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ <b>4,078.00</b>
<b>Part III. APPLICATION OF § 707(b)(7) EXCLUSION</b>		
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$ <b>48,936.00</b>
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>PR</u> b. Enter debtor's household size: <u>2</u>	\$ <b>20,715.00</b>
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input checked="" type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.	

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)**

<b>Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)</b>														
16	<b>Enter the amount from Line 12.</b>	\$ <b>4,078.00</b>												
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.													
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">d.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	d.		\$	
a.		\$												
b.		\$												
c.		\$												
d.		\$												
	Total and enter on Line 17													
		\$ <b>0.00</b>												
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$ <b>4,078.00</b>												

### Part V. CALCULATION OF DEDUCTIONS FROM INCOME

#### Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$ <b>985.00</b>																								
19B	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Household members under 65 years of age</th> <th colspan="3" style="text-align: center;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">a1.</td> <td style="width: 40%;">Allowance per member</td> <td style="width: 15%; text-align: center;">60</td> <td style="width: 5%; text-align: center;">a2.</td> <td style="width: 40%;">Allowance per member</td> <td style="width: 15%; text-align: center;">144</td> </tr> <tr> <td style="text-align: center;">b1.</td> <td>Number of members</td> <td style="text-align: center;">0</td> <td style="text-align: center;">b2.</td> <td>Number of members</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">c1.</td> <td>Subtotal</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">c2.</td> <td>Subtotal</td> <td style="text-align: center;">288.00</td> </tr> </tbody> </table>		Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member	60	a2.	Allowance per member	144	b1.	Number of members	0	b2.	Number of members	2	c1.	Subtotal	0.00	c2.	Subtotal	288.00
Household members under 65 years of age			Household members 65 years of age or older																							
a1.	Allowance per member	60	a2.	Allowance per member	144																					
b1.	Number of members	0	b2.	Number of members	2																					
c1.	Subtotal	0.00	c2.	Subtotal	288.00																					
		\$ <b>288.00</b>																								
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$ <b>398.00</b>																								

20B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1"> <tr> <td>a.</td><td>IRS Housing and Utilities Standards; mortgage/rental expense</td><td>\$</td><td>923.00</td></tr> <tr> <td>b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$</td><td>0.00</td></tr> <tr> <td>c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td><td></td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	923.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	0.00	c.	Net mortgage/rental expense	Subtract Line b from Line a.		\$ 923.00
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	923.00											
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	0.00											
c.	Net mortgage/rental expense	Subtract Line b from Line a.												
21	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$ 0.00												
22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input checked="" type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ 250.00												
22B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ 0.00												
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1"> <tr> <td>a.</td><td>IRS Transportation Standards, Ownership Costs</td><td>\$</td><td>0.00</td></tr> <tr> <td>b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td><td>0.00</td></tr> <tr> <td>c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td><td></td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	0.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	0.00	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.		\$ 0.00
a.	IRS Transportation Standards, Ownership Costs	\$	0.00											
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	0.00											
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.												
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1"> <tr> <td>a.</td><td>IRS Transportation Standards, Ownership Costs</td><td>\$</td><td>0.00</td></tr> <tr> <td>b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td><td>0.00</td></tr> <tr> <td>c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td><td></td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	0.00	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	0.00	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.		\$ 0.00
a.	IRS Transportation Standards, Ownership Costs	\$	0.00											
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	0.00											
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.												
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>	\$ 10.00												
26	<p><b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b></p>	\$ 216.00												

27	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>	\$ 0.00
28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b>	\$ 0.00
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$ 0.00
30	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$ 0.00
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	\$ 0.00
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$ 0.00
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	\$ 3,070.00

### Subpart B: Additional Living Expense Deductions

Note: Do not include any expenses that you have listed in Lines 19-32

34	<p><b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$ 0.00</td> </tr> </table> <p>Total and enter on Line 34.</p> <p><b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below: \$ _____</p>	a.	Health Insurance	\$ 0.00	b.	Disability Insurance	\$ 0.00	c.	Health Savings Account	\$ 0.00	<p>\$ 0.00</p>
a.	Health Insurance	\$ 0.00									
b.	Disability Insurance	\$ 0.00									
c.	Health Savings Account	\$ 0.00									
35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$ 906.00									
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$ 0.00									
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$ 0.00									
38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$ 0.00									

39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$ 0.00															
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$ 40.00															
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40	\$ 946.00															
<b>Subpart C: Deductions for Debt Payment</b>																	
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$ 0.00															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> <tr> <td style="text-align: center;">a.</td> <td style="text-align: center;">-NONE-</td> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> <td></td> </tr> </table>			Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.	-NONE-		\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines		\$ 0.00
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?													
a.	-NONE-		\$	<input type="checkbox"/> yes <input type="checkbox"/> no													
			Total: Add Lines														
43	<b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$ 0.00															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> <tr> <td style="text-align: center;">a.</td> <td style="text-align: center;">-NONE-</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> </tr> </table>			Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.	-NONE-		\$				Total: Add Lines	\$ 0.00			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount														
a.	-NONE-		\$														
			Total: Add Lines														
44	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>	\$ 0.00															
45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$ 0.00															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly Chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td style="text-align: right;">x 0.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </table>		a.	Projected average monthly Chapter 13 plan payment.	\$ 0.00	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x 0.00	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$ 0.00						
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c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b															
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.	\$ 0.00															
<b>Subpart D: Total Deductions from Income</b>																	
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.	\$ 4,016.00															
<b>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</b>																	
48	<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>	\$ 4,078.00															
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>	\$ 4,016.00															
50	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.	\$ 62.00															
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$ 3,720.00															

52	<p><b>Initial presumption determination.</b> Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> <b>The amount on Line 51 is less than \$6,575.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$10,950</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is at least \$6,575, but not more than \$10,950.</b> Complete the remainder of Part VI (Lines 53 through 55).</p>		
53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>Enter the amount of your total non-priority unsecured debt</b></td> <td style="width: 20%; text-align: center;">\$</td> </tr> </table>	<b>Enter the amount of your total non-priority unsecured debt</b>	\$
<b>Enter the amount of your total non-priority unsecured debt</b>	\$		
54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.</td> <td style="width: 20%; text-align: center;">\$</td> </tr> </table>	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$		
55	<p><b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>		

**Part VII. ADDITIONAL EXPENSE CLAIMS**

56	<p><b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Expense Description</th> <th style="width: 30%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">d.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;">Total: Add Lines a, b, c, and d</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$	d.		\$	Total: Add Lines a, b, c, and d		\$
	Expense Description	Monthly Amount																	
a.		\$																	
b.		\$																	
c.		\$																	
d.		\$																	
Total: Add Lines a, b, c, and d		\$																	

**Part VIII. VERIFICATION**

57	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Date: <u>January 19, 2011</u></p> </div> <div style="width: 50%;"> <p>Signature: <u>/s/ LORENZO ALBERTO ORTIZ SANTOS</u>  <b>LORENZO ALBERTO ORTIZ SANTOS</b>  <i>(Debtor)</i></p> </div> </div>
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